

EMPLOYEE BENEFITS



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What will we cover today?

- Who is eligible?
- Change of Status/Mid-Year Enrollment Changes
- Waiver and Declination
- Medical Plan Options
- Dental and Vision
- Flexible Spending Accounts (FSA)
- Life Insurance
- Staff Development Allowance
- Short and Long Term Disability
- Retiree Medical Benefits
- EAP, Health Care Advocacy
- Intranet/Internet resources



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Who is Eligible?



ELIGIBILITY

- Benefits must be offered to you through an MOU, Contract or Salary Resolution.
- An employee in a permanently allocated position scheduled to work at least 32 hrs./pay period (.40 FTE)

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Sutter Health Plus
Your Health Plan

**Western
Health
Advantage**



Are you Extra Help?

- Scheduled to work at least 40 hours per pay period.
- Work at least 80 hours in the last two pay periods.

What are your premiums?

- County's contribution is based on the hours worked in a pay period.
- Premiums are paid in advance on the first two pay dates of the month prior to the coverage effective date.

What are you eligible for?

Medical

- Kaiser Permanente
- Sutter Health Plus
- Western Health Advantage

Employee Assistance Program
(EAP)

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Are you a Part-Time Employee?

- Allocated position of 32 hours or more bi-weekly

What are your premiums?

- County's contribution toward premiums is prorated.
- Based on the number of qualifying hours compared to a full-time employee.
- Qualifying hours include hours worked and qualified leave hours.
- Contact your Payroll Clerk if you have questions regarding your eligibility for a prorated County Contribution.



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Dependent Eligibility

If you are eligible to participate in a County-Sponsored medical, dental or vision plan, your eligible dependents may also participate. They include:

- Your lawfully married spouse or domestic partner (registered or County affidavit)
- Your spouse/domestic partner's dependents including natural child, step-child, adopted child, eligible foster child or child for whom you are legally appointed guardian
- Any age if permanently and totally disabled and enrolled in the plan prior to attaining limiting age



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Evidence of Eligibility Required



DEPENDENT	AGE	ELIGIBILITY DEFINITION	DOCUMENTS REQUIRED
Spouse	N/A	Person to whom you are legally married	Marriage Certificate
Domestic Partners	At least 18 years	Meet County Domestic Partner Eligibility Requirements	<p>ESC/SCDPDAA/SEIU: County Affidavit or Declaration of Domestic Partnership filed with the California Secretary of State</p> <p>ALL OTHERS/SAL RES: Declaration of Domestic Partnership filed with the California Secretary of State</p>
Natural Child(ren)	Under Age 26	Minor or Adult Child(ren) of Employee who is under age 26yrs regardless of marital status	Birth Certificate
Step Child(ren)	Under Age 26	Minor or Adult Child(ren) of Employee Spouse who is under age 26yrs regardless of marital status	Marriage Certificate -and- Birth Certificate showing Spouse as Parent
Children Legally Adopted/Wards	Under Age 26	Minor or Adult Child(ren) legally adopted by Employee under age 26yrs regardless of marital status	Court documentation (Must include presiding Judge Signature & Court Seal)
Children of Domestic Partners	Under Age 26	Minor or Adult Child(ren) of Employee Domestic Partner who is under age 26yrs	<p>ESC/SCDPDAA/SEIU: County Affidavit or Declaration of Partnership filed with the California Secretary of State -and- Birth Certificate showing Domestic Partner as Parent</p> <p>ALL OTHERS/SAL RES: Declaration of Domestic Partnership filed with the California Secretary of State -and- Birth Certificate showing parent as Domestic Partner</p>

When can I make or change benefit elections?



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When can I enroll?

- Within **31 days** of hire!
- During Annual Enrollment!
- Within **31 days** of a qualified work or life event!

What are IRS qualifying life events? *

- Change in marital status
- Gaining or losing a dependent
- Loss or gain of other health coverage
- Leave of Absence

*Refer to pg.
51-53 for
more details.

When does my coverage start?

New Hire: First of the month following your date of hire

Mid-Year Changes:
First of the month following your election

Phone:
(707) 565-2900
Fax:
(707) 565-1139
benefits@Sonoma-county.org

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COUNTY OF SONOMA
HUMAN RESOURCES DEPARTMENT

Waiver and Declination

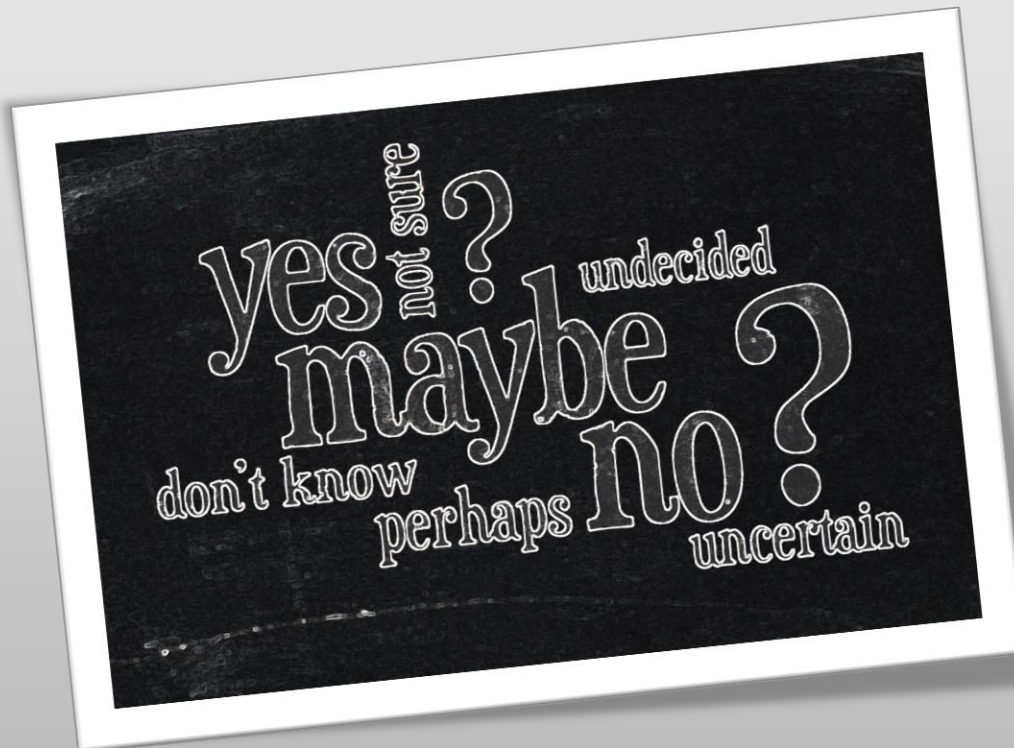
Enrollment in the County Medical and Dental plans are voluntary...

- You may waive coverage if...

- You have other group medical coverage
- Changes can be made mid-year for qualified life events with proof

- You can decline coverage if...

- **Default, if no election is made**
- You have no other group medical coverage
- Enrollment allowed during Annual Enrollment only



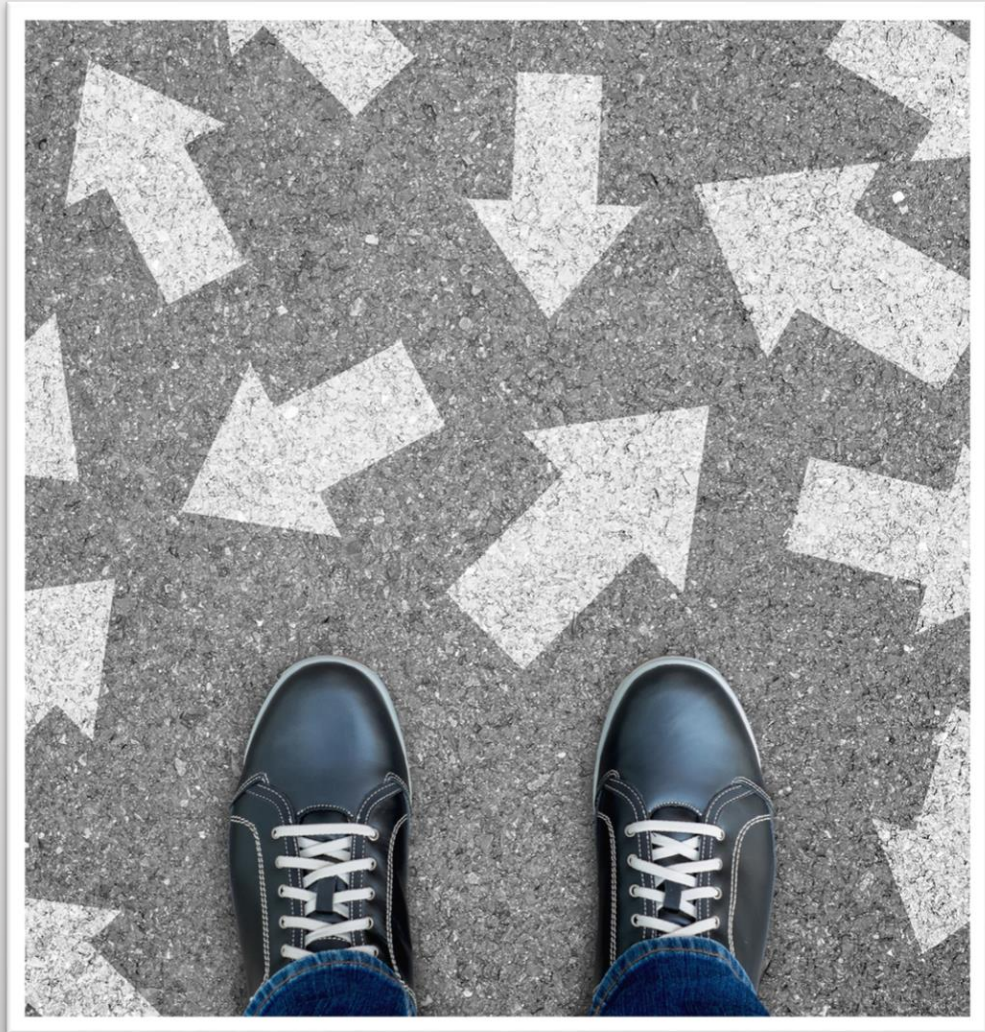
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Things to consider when comparing health plan options

- Your Health
- Your Family's Health
- Your provider and whether or not they accept your health plan
- Your financial situation
- Do you want to pay more in premiums or pay upfront at time of service?
- Do you want the flexibility to see specialists, not wanting to obtain referrals?



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Medical Plan Types

- Traditional HMO
 - Predictable
 - Fixed co-payments
 - No deductible
- Hospital Services DHMO
 - Mostly Predictable
 - Fixed co-payments for outpatient & pharmacy
 - Deductible for hospital related services only
- Deductible First HDHP
 - Deductible applies to all services
- County Health Plan EPO
 - Exclusive Provider Organization
 - Services must be obtained within Plan Network
 - May visit any doctor or hospital in the EPO Network
- County Health Plan PPO
 - Preferred Provider Organization
 - Choice between In and Out of Network Providers






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Traditional HMO

Predictable, fixed copayments for most services, no deductible to keep track of.

			
Calendar Year Deductible	None	None	None
Calendar Year Out-of-Pocket Maximum	Individual: \$1,500 Family Member (EE+1): \$1,500 Family 2 or more: \$3,000	Individual: \$1,500 Family Member (EE+1): \$1,500 Family 2 or more: \$3,000	Individual: \$1,500 Family Member (EE+1): \$1,500 Family 2 or more: \$3,000
Physician and Specialist Visit(s)	\$10 copay	\$10 copay	\$10 copay
Diagnostic Lab, X-Ray	No Charge	No Charge	No Charge
Emergency Room	\$50 Copay (waived if admitted)	\$50 Copay (waived if admitted)	\$50 Copay (waived if admitted)

- Requires you to select a PCP who will work with you to manage your healthcare needs.
- Seeing a Specialist requires approval from the medical group (SHP and WHA women can self-refer to an OBGYN in the same group as their PCP).

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Hospital Services DHMO

Predictable, fixed copayments for outpatient care and pharmacy services.

Deductible only applies to hospital related services

			
Calendar Year Deductible	Individual: \$1,000 Family Member (EE+1): \$1,000 Family 2 or more: \$2,000	Individual: \$1,000 Family Member (EE+1): \$1,000 Family 2 or more: \$2,000	Individual: \$1,000 Family Member (EE+1): \$1,000 Family 2 or more: \$2,000
Calendar Year Out-of-Pocket Maximum	Individual: \$3,000 Ind. Family Member: \$3,000 Family 2 or more: \$6,000	Individual: \$3,000 Ind. Family Member: \$3,000 Family 2 or more: \$6,000	Individual: \$3,000 Ind. Family Member: \$3,000 Family 2 or more: \$6,000
Physician and Specialist Visit(s)	\$20 copay, no deductible	\$20 copay, no deductible	\$20 copay, no deductible
Diagnostic Lab, X-Ray	\$10 copay, no deductible	\$20 copay, no deductible	No charge, no deductible
Emergency Room	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible




- Requires you to select a PCP who will work with you to manage your healthcare needs.
- Seeing a Specialist requires approval from the medical group (SHP and WHA women can self-refer to an OBGYN in the same group as their PCP).

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Deductible First HDHP

Deductible applies to all services- outpatient, inpatient, pharmacy services – except preventive care.

Plan Information			
Calendar Year Deductible	Individual: \$1,400 Family Member (EE+1): \$2,800 Family 2 or more: \$2,800	Individual: \$1,500 Family Member (EE+1): \$2,800 Family 2 or more: \$3,000	Individual: \$1,400 Family Member (EE+1): \$2,800 Family 2 or more: \$2,800
Calendar Year Out-of-Pocket Maximum	Individual: \$3,000 Family Member (EE+1): \$3,000 Family 2 or more: \$6,000	Individual: \$3,000 Family Member (EE+1): \$3,000 Family 2 or more: \$6,000	Individual: \$3,000 Family Member (EE+1): \$3,000 Family 2 or more: \$6,000
Physician and Specialist Visit(s)	\$20 copay, after deductible	\$20 copay, after deductible	\$20 copay, after deductible
Diagnostic Lab, X-Ray	\$10 copay, after deductible	\$20 copay, after deductible	No charge after deductible
Emergency Room	\$100 copay, after deductible	\$100 copay, after deductible	\$100 copay, after deductible

- Requires you to select a PCP who will work with you to manage your healthcare needs.
- Seeing a Specialist requires approval from the medical group (SHP and WHA women can self-refer to an OBGYN in the same group as their PCP).

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County Health Plan



Self-funded, contributions from the County of Sonoma and eligible employees and retirees are used to pay plan benefits. Rx coverage is provided by CVS/Caremark



Plan Information	EPO – Exclusive Provider Organization	PPO - Preferred Provider Organization
Access to In and Out of network providers	No, except if you have an authorized referral from a network provider or if you have an emergency	Yes, although out of pocket expenses are significantly higher with out of network providers.
Plan Year (June 1 – May 31) Annual Deductible	Individual: \$500 Family: \$1,500	Individual: \$300 Family: \$900
Plan Year Out-of-Pocket Maximum	Medical/Prescription Drug Individual: \$5,500/\$1,100 Family: \$11,500/\$1,700	Medical/Prescription Drug Individual: \$2,300/\$1,100 Family: \$4,900/\$1,700
Co-Insurance	20% co-insurance after deductible for most other services	10% co-insurance after deductible for most other services
Physician and Specialist Visit(s)	\$50 copay, no deductible * Out-of-Network: Not covered.	\$20 copay, no deductible * Out-of-Network: 40% coinsurance, after deductible.

*EPO/PPO – In-network preventive services are covered at no cost.

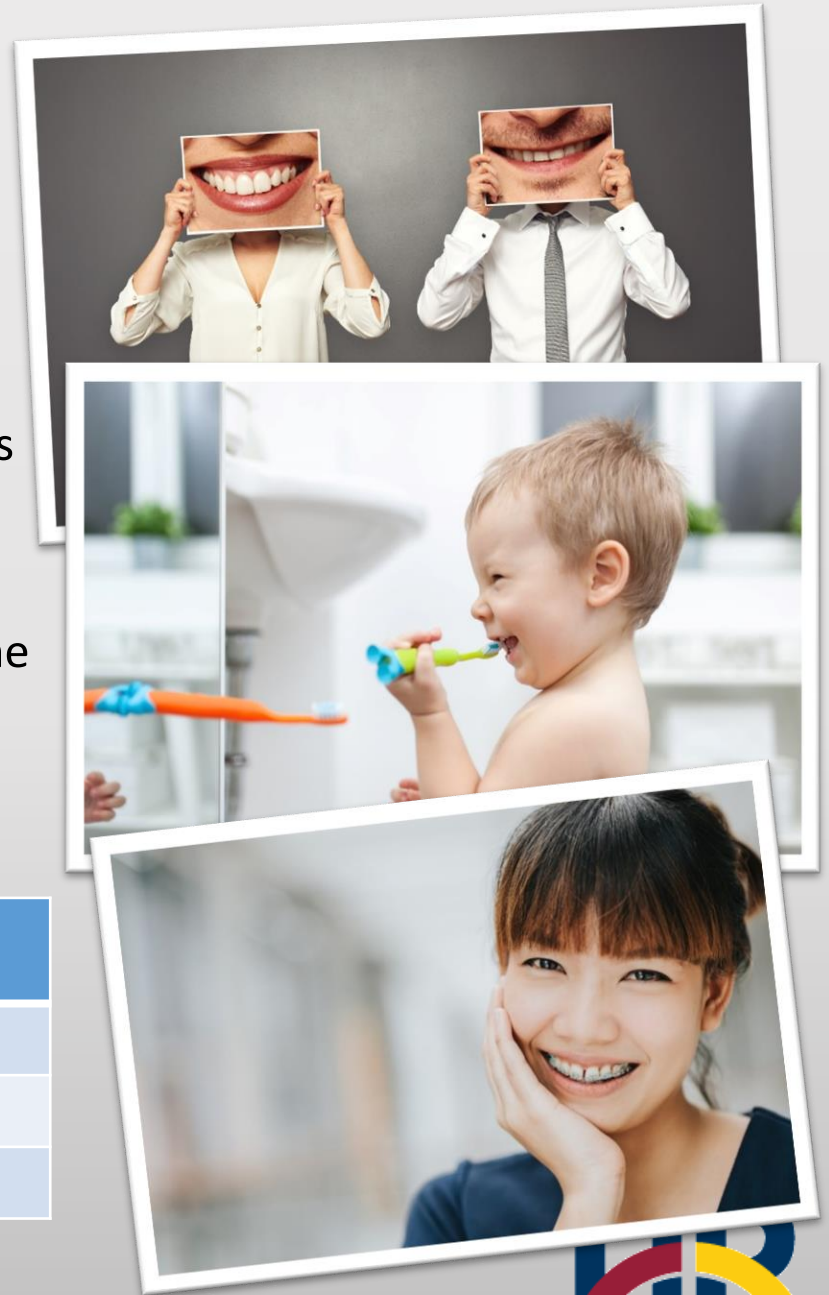
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Delta Dental PPO

- Same cost for Self and Family Coverage
- Two networks - PPO and Premier
- No deductible
- 80% of “reasonable and customary” charges
- \$3,000 calendar year annual maximum per person
- 50% orthodontic benefit with \$6,000 lifetime maximum
 - Covers adults and children
- Dependents covered up to age 26



Bargaining Unit	Semi-Monthly Premium	County Contribution	Employee Contribution
ESC	\$59.12	\$46.08	\$13.04
WCE	\$59.12	\$34.12	\$25.00
All Others	\$59.12	\$44.99	\$14.13

Vision Service Plan

- County paid family coverage
- Dependents covered up to age 26
- No co-pays for most services
- Frame allowance \$150 or \$170 for featured frame brands or
- \$130 allowance for contacts and contact lens exams
- VSP's KidsCare Plan
- Discounts on additional frames and services

www.vsp.com



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Flexible Spending Account (FSA)



Dependent Care Assistance Plan (DCAP)

\$5,000/Annual Maximum

- Eligible day care, after school care (under age 13)
- Senior care
- 2.5 month *grace period* to submit additional claims
- Deadline to submit expenses (including grace period expenses) is March 31 following the plan year

Health FSA

\$2,750/Annual Maximum

- Covers out-of-pocket medical, dental, and vision care expenses
- Insurance deductibles and co-payments
- Over-the-counter medications (with a prescription)
- \$550 *rollover* into the next plan year



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What is a Flexible Spending Account?

- A pre-tax employee funded reimbursement account
- January 1 thru December 31 Plan Year
- You may enroll within 31 days of hire
- Annual Enrollment in the Fall for the following plan year

Plan Features:

- Debit Card
- Online Account Access
- Mobile Application
- Participants must enroll annually to participate.
- May elect a change in annual election if participant experiences a qualified life event within 31 days of status event.



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Retiree Medical Benefits

Health Reimbursement Arrangement (HRA) for Employees hired on or after January 1, 2009:

- 2 year waiting period or equivalent
- Regular full-time and part-time employees (.50 FTE)
- Contributing member of SCERA
- Initial County Contribution \$2,400 after waiting period (FT)
- After Initial Contribution: \$0.58/hour (approx. \$100/mo.)
- Account is available upon retirement for retiree medical expenses.



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Life Insurance

- Basic Life - County Paid
 - 30+ hours/week (.75 FTE)
 - Amount varies by bargaining unit
- Supplemental Life – Employee Paid
 - Cost based on employee age
 - Keep beneficiaries up-to-date
- Supplemental Dependent Life – Employee Paid
 - \$5,000 coverage for each qualified dependent
 - \$0.23/pay period
 - Employee is beneficiary



When can you enroll?

- Within 31 days of your start date
- During Annual Enrollment
- Within 31 days of a qualifying work/life event



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Staff Development & Wellness Reimbursement Program

- Staff Development – An annual reimbursement allowance for Coursework, Seminars, Workshops, Books, Professional licenses
- Non-taxable benefit, if job related



- Wellness and Physical Fitness - An annual reimbursement allowance for participation in activities that support wellness and physical fitness.
- Emergency Preparedness
- Taxable benefit

- Before incurring expenses –
 - Review Staff Development website for guidelines
 - Confirm your current balance
- Complete the online eForm to submit a claim
- Claims are approved by the HR Admin Unit
- Reimbursements will be on your pay check

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Short and Long Term Disability

Available to permanent County Employees regularly scheduled 32 hours/pay period (.40 FTE)



Short Term Disability - Employees covered under the following BUs may participate in a Short Term Disability benefit offered through Dublin Insurance Services and fully paid by the employee.

- SEIU
- ESC
- SCPA
- Unrepresented Confidential – Salary Resolution

Long Term Disability – Two separate insured LTD Plans

- Plan A – Standard LTD Plan, **Employer** paid plan through the Standard Insurance Co.
 - 60 day waiting period from date of disability
- Plan B – **Employee** paid LTD Benefit through Trust of Peace Officers Research Association of California (PORAC), *mandatory* participation for the following BUs
 - SCLEA 40/41/30/70
 - DSLEM 43
 - SCLEMA 44
 - DSA 46/47

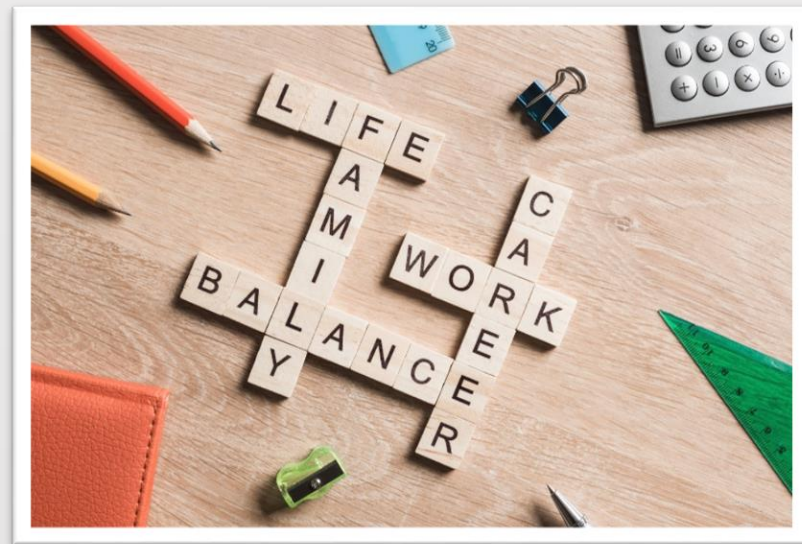
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Employee Assistance Program

- Confidential and Professional Counseling at no cost to you
 - 6 sessions per episode depending on bargaining unit
- All employees and members of their household
- Online and over the phone services



Counseling

Chemical
Dependency

Child and Elder
Care

Federal Tax
Problems

Financial and
Credit
Concerns

Legal
Questions

Pre-retirement
Planning



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CareCounsel Healthcare Advocacy Program

Employer paid and confidential to assist you with:



Benefit
Questions

Choosing a
Health Plan

Selecting and
locating doctors
and hospitals

Troubleshooting
claims issues and
appeals

Getting the most
from your health
care dollars

Finding resources
for a health
condition

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CARECOUNSEL
EXPERT HELP WHEN YOU NEED IT MOST



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Visit our Benefit webpage for more information ...



**WANT
MORE**



- HR Benefits Unit
 - (707) 565-2900
 - Email: benefits@sonoma-county.org
 - Website: <http://hr.sonoma-county.org/>
- Staff Development Customer Service
 - (707) 565-3900
 - Email: staffdev@sonoma-county.org
 - Website: <http://sonomacounty.ca.gov/HR/Benefits/Staff-Development/>

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